

SEP 18 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32316
Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 421
(b) Township FESTUS Primary Registration District No. 4249 Registered No. 93
(c) City FESTUS (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY JOSEPHINE DEHNER

(a) Residence, No. 515 WEST MAIN ST. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF CONSTANT DEHNER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4 - 1866
7. AGE YEARS 74 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Platton, Mo. (STATE OR COUNTRY)

FATHER 13. NAME John Martin Jack

14. BIRTHPLACE (CITY OR TOWN) Sumner, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Vinyard

16. BIRTHPLACE (CITY OR TOWN) Fertile, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Constant Dehner, Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 9-27 1940

19. FUNERAL DIRECTOR (NAME) Jack and Co. (ADDRESS) Festus, Mo.

20. FILED 9/30 1940 J. E. Rutledge, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1940, to 9-25, 1940
I last saw her alive on 9-25, 1940. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 9-19-40
Branchopneumonia
Other contributory causes of importance:
1. Fractured Rt. femur 9-22-40
2. Cardiac decompensation 9-22-40

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. N. Donnell M. D.
(Address) Crystal City, Mo.

WRITE IN PRINT, WITH INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32316
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 421

Primary Registration District No. 4249

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
ROWENA MOORE

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Josephine Dehner

20. DATE OF DEATH: Month Sept day 25
year 1940 hour _____ minute _____ M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 74 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions: Fracture Rt femur
(include pregnancy within 3 months of death)
Cardiac Decompensation

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 8-22-1940
(c) Where did injury occur? Home - Festus, Jefferson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Home

While at work? No (Specify type of place) (e) Means of injury Fell

23. Signature R.H. Dannehl (M. D. registrar)
Address Crystal City, Mo. Date signed 2-8-41

Duration _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

